

Case Number:	CM13-0019274		
Date Assigned:	10/11/2013	Date of Injury:	05/11/2005
Decision Date:	01/02/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Physical Medicine & Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female who reported a work-related injury on 05/11/2005 due to repetitive trauma as a result of administrative work at a bank. The patient's primary complaint was right shoulder pain. She underwent 3 separate operations on her right shoulder without resolution and is status post a release of the median nerve in her right forearm. The patient's medications include Lyrica, Mobic, Vicodin, Nucynta, Restoril, and a Flector patch. The patient has undergone physical therapy and has been wearing a cervical collar. MRI of the cervical spine dated 06/27/2013 revealed discs at C4-5, C5-6 and C6-7 with no spinal stenosis noted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A functional restoration program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-32.

Decision rationale: California Chronic Pain Medical Treatment Guidelines state that criteria for a functional restoration program include previous methods of treating chronic pain being unsuccessful and being an absence of other options likely to result in significant clinical improvement and also the patient having had a significant loss of ability to function

independently resulting from the chronic pain. Per a supplemental report dated 08/29/2013, the employee was noted to be observed in videos being fairly active, despite any significant motion with the right upper extremity and the cervical spine. Per clinical documentation submitted, the employee was not noted to have a significant loss of ability to function independently resulting from the chronic pain. There was also a lack of documentation presented noting that previous methods of treating the employee's chronic pain have been unsuccessful and there was an absence of other options likely to result in significant clinical improvement. Per clinical note dated 07/18/2013, the employee reported not currently doing any kind of exercise for the neck and/or right upper extremity. The employee was not noted to have undergone a recent physical therapy program or a home exercise program. The request for a functional restoration program is not medically necessary and appropriate.